

APPENDIX I

NTACS Survey Form

(Poor copy due to poor original survey copy)

From
S. Lau-
MTC
Oakland CA

THE 1990 NTACS-1 QUESTIONNAIRE

This section contains a copy of the 1990 NTACS-1 questionnaire. Not all NTACS reported data are included in the NTACS Public Use File mainly due to high item nonresponse rates.

Some other data items such as "current home base state" have been suppressed or aggregated for confidentiality reasons.

Form No. 3175-06-90 Response Expires 12/31/91

<p style="text-align: center;">NATIONWIDE TRUCK ACTIVITY AND COMMODITY CURVEY</p> <p style="font-size: x-small;"> Vehicle Identification Number (VIN) Make of vehicle Year State </p> <p style="font-size: x-small;"> Example month Example day Example year </p> <div style="text-align: center; border: 1px solid black; padding: 5px; font-size: x-small;"> BUREAU OF THE CENSUS 1201 East Tenth Street Jeffersonville, IN 47134 </div> <p style="font-size: x-small;"> BE A PART OF AMERICA'S TRANSPORTATION PLANS FOR THE 1990's AND BEYOND </p> <p style="font-size: x-small;"> * We need your help in the Nationwide Truck Activity and Commodity Survey. The information you report on this questionnaire will be used by the government and others planning for future transportation needs such as: - New highways - Terminal facilities - Highway improvements and repair </p> <p style="font-size: x-small;"> * Your vehicle identified in the Registration Information Section above was selected in a statistical sample of vehicles to represent the country's truck population. </p> <p style="font-size: x-small;"> * Please take some of your vehicle time to complete this form for the census day indicated in the box above. </p> <p style="font-size: x-small;"> * We suggest that you take this questionnaire with you in the cab of the vehicle on the Census Day, and complete Section C as you perform your day's activities. </p> <p style="font-size: x-small;"> * Please return this questionnaire immediately after your Census Day. </p> <p style="font-size: x-small; text-align: center;">Please read before completing this form</p> <p style="font-size: x-small;"> This questionnaire covers the activities of the vehicle identified in the Registration Information Section above, for the census date specified. The questionnaire is divided into 3 sections, A, B, and C. Sections A and B request general information on the vehicle's characteristics and use. Section C, beginning on page 5, refers to the vehicle's use on the census day. Section C contains a diary type listing to report the activities of the vehicle during the census day. </p> <p style="font-size: x-small;"> If the vehicle did not operate on the census day specified, use the substitute day if the vehicle did not operate on either the census day or the substitute day specified, but was active during the census week, call an official on (800) 762-1744. Do not substitute another day unless told to do so. The census day was selected automatically, and we want to know what the vehicle did on that particular day, even though it may not seem typical to you. </p>	<p style="font-size: x-small;"> NOTICE - Your report to the Census Bureau is confidential by law (Title 13 U.S. Code). It may be used only by certain Census Bureau employees and only for statistical purposes. The law also prohibits the release of your data and treatment from legal protection. </p> <p style="font-size: x-small;"> In questionnaires pertaining to this report, please refer to this Census File Number SCF81. </p> <p style="font-size: x-small; text-align: center;"> Please correct any error in name and address including ZIP Code </p> <p style="font-size: x-small;"> a. Is the vehicle still in your possession? <input type="checkbox"/> YES - Are you the <input type="checkbox"/> NO - Continue with items 8-9 <input type="checkbox"/> Owner? <input type="checkbox"/> Leasee? SEE to Section A on page 1 and continue with questionnaire </p> <p style="font-size: x-small;"> b. When did you dispose of this vehicle? (Enter month and year) <input type="text"/> / <input type="text"/> / <input type="text"/> </p> <p style="font-size: x-small;"> c. How did you dispose of this vehicle? <input type="checkbox"/> Sold it for parts <input type="checkbox"/> Auction, scrapped, or otherwise destroyed <input type="checkbox"/> Returned to leasing company <input type="checkbox"/> Other - Specify: _____ </p> <p style="font-size: x-small;"> d. Who is the current owner of this vehicle? <input type="checkbox"/> Unknown </p> <p style="font-size: x-small;"> ** Name ** Address (number and Street) </p> <p style="font-size: x-small;"> ** City ** State ** ZIP Code </p> <p style="font-size: x-small;"> If this vehicle is no longer in your possession, please sign on page 11 and return the questionnaire immediately. </p>
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Section B - Vehicle Description - Continued		Sample Day	Part 18 months
4. Indicate the body type that most closely resembles the vehicle during the sample period. If the driver has a multi-carrier indicate the body type of the individual carrier.			
Note: (1) only one box in each column.			
A. PLATFORM TYPES, include business, school, and business with school division, and low level transportation.			
B. PICKUP			
C. PANDA OR COMPACT VAN			
D. SEMI-VAN, UTILITY, STATION WAGON, SCHOOL, BUS, VAN, etc.			
E. VAN TYPES include enclosed van, van with open back van, refrigerated, non-refrigerated, and multi-level and high ceiling			
F. SPECIALIZED USE TRUCKS			
1. Automobile or light transport			
2. Storage truck			
3. Removable air container or water chassis			
4. Removable load container or water chassis			
5. Other cargo container chassis			
6. Concrete mixer			
7. Dump truck			
8. Dump truck including hopper, grain trailer			
9. Garbage truck			
10. Locomotive truck, including locomotive and train			
11. Pallet, logging, or tree truck			
12. Tank truck for dry bulk			
13. Tank truck for liquids or gases (non-refrigerated materials - include tank truck parked on tank)			
14. Tank truck for liquids or gases (refrigerated materials - include tank truck parked on tank)			
a. MC 307			
b. MC 321			
c. MC 312			
d. MC 337			
e. MC 390			
15. Utility truck			
Note - If none of the above descriptions within the body type of the vehicle or the owner unable to provide a "best fit" description, then describe the vehicle.			
G. Other - Specify in the comments			

Section C - Vehicle Use		Sample Day	Part 18 months
The following questions relate to the vehicle used DURING THE SAMPLE DAY. The vehicle did not operate on the sample day, use the substitute day if the vehicle did not operate on either day given, call (301) 763-1734 ext. 101.			
1. State date used (if not known enter)			
2. What was the substitute reading of the vehicle at 12:01 a.m. on the sample day?			
3. How many miles did the vehicle travel during the sample day?			
4. What percent of those miles were on the INTERSTATE HIGHWAY SYSTEM?			
5. What percent of those miles were on roads which had four or more lanes but were NOT on the INTERSTATE HIGHWAY SYSTEM?			
6. What percent of those miles were off-road (does not include public roads)?			
7. How much fuel was used during the sample day?			
8. How much was paid in highway tolls during the sample day?			
9. What was the class of the vehicle -			
Length (ft.) (front bumper to end of last trailer)			
Height (ft.)			
Tare weight (empty)			
Loaded vehicle weight (height of truck and cargo)			
Percent of payload mass loaded			
10. How would you best describe the vehicle's loads during the sample day? (If the vehicle was empty the entire day, check the box that applies)			
11. Was the vehicle used to haul hazardous materials in quantities large enough to require placarding (per the Code of Federal Regulations, Title 49, Transportation, during the sample day)?			
12. How many employees, including contractors, were on board the vehicle on the day the sampling phone call was made?			
13. How many of the employees drove the vehicle during the sample day?			
14. How many of those employees were the driver of the vehicle during the sample day?			
15. How many of those employees were the driver of the vehicle during the sample day?			

Section C - Vehicle Use - Continued

COMMODITY INVENTORY LIST FOR USE IN ITEMS 1301, 1302, AND 1401
(In a list of products, materials, and equipment the vehicle may have carried)

Part A - HAZARDOUS MATERIALS	Commodity code	Part B - PRODUCTS, EQUIPMENT, MATERIALS, ETC.	Commodity code	Materials and Special Products	Commodity code
Flammable liquids	41	Agricultural and Food Products		Primary metal products - pipes, valves, valves, metal sheets, etc.	06
Combustible liquids	42	Live animals - cattle, horses, poultry, dogs, fish, and other marine products, etc.	16	Fabricated metal products and parts and nuts - (except machinery or transportation equipment base metal)	07
Corrosive liquids	43	Fresh farm products - grain, grapes, flowers, fleshy stock, raw milk, raw tobacco, etc.	16	Machinery - structure of or manufactured at	08
Poison B solids	44	Processed foods - canned goods, prepared meats, frozen foods, beverages, bottled water, dairy products, tobacco products, etc.	17	Transportation equipment including complete vehicles and parts	09
Poison B liquids	45	Mineral Products, unrefined - crude oil, coal and mineral ores	18	Other Manufactured Products	
Flammable solids	46	Building materials - gravel, sand, concrete, glass, and stone, etc.	19	Furniture (except and replacement upholstered furniture - not involved in household moving)	10
Explosives	47	Textile, Wood and Paper Products	20	Toiletries and apparel - fibers, leather goods, carpets, clothing, etc.	11
Flammable gas	48	Leads and metal products - (except of copper and fabricated wood products, non ferrous metal or glass)	21	Miscellaneous products of manufacturing - including photographic goods, watches, clocks jewelry and toys	12
Nonflammable gas	49	Lumber and fabricated wood products - (except furniture)	22	Machinery	
Poison A	50	Ferrous, nonferrous, and paper products	23	Moving of household and office furniture, including vehicles - vans, trucks, trailers, etc. - other transport	13
Corrosive solids	51	Chemicals, Petroleum, and Allied Products	24	Mixed cargo, general freight, personal goods, mail and express parcels, and small packages brought	14
Explosives, A or B	52	Chemicals (except drugs - including fertilizers, pesticides, insecticides, dyes, etc.)	25	Containers for specialized use or in replacement of vehicle	15
Blasting agents	53	Petroleum, petroleum products, paving, and asphalt or tar elements	26	Scrap, garbage, trash	16
Radioactive materials	54	Plastics and/or rubber products	27	Industrial waste	17
ORM - A, B, or C	55		28	Other - Please describe in detail	18
ORM - D	56		29		19
Hazardous materials not listed above - Specify ?	57		30		20
			31		21
			32		22
			33		23
			34		24
			35		25
			36		26
			37		27
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			40		30
			41		31
			42		32
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			91		81
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			95		85
			96		86
			97		87
			98		88
			99		89
			00		90

Type of Plans Codes

(Refer to these codes for commodity items 1301, 1302, and 1401)

- | | | | |
|--|--|---|---|
| A - Federal facility receiving facility | F - International facility (either a delivery or other shipment) | J - Free zone/distribution center | Q - Construction site |
| B - Federal facility (either a delivery or other shipment) | G - Interstate transfer (either a delivery, transfer, or other) | K - Free zone/distribution center | R - Manufacturing facility or assembly plant |
| C - Airport receiving facility | H - Warehouse (either a delivery or other shipment) | L - Free zone, free trade, free trade, etc. | S - State or other mail or carrier center |
| D - Airport (either a delivery or other shipment) | I - Warehouse | M - Free zone, free trade, etc. | T - Other facility, either a delivery or other shipment |
| E - Federal or post facility receiving facility | J - Free zone | N - Free zone, free trade, etc. | U - Post or other mail facility |
| | K - Free zone | O - Free zone, free trade, etc. | V - Other |

Section C - Vehicle Use - Continued

6. Enter below the following data for EACH STOP during the entire SAMPLE DAY only. Exclude stops for food, fuel or rest.

SAMPLE DAY STOPS <i>(If traveling at the beginning of sample day, enter vehicle vehicle code at 12:01 a.m. for starting point)</i>	Type of stop (see code)	Stop location (City, State, Country)	From (Time)	To (Time)	What was the purpose of the stop? (Check all that apply)	Commodity					
						Items delivered			Items picked up		
						Quantity	Weight (LBS.)	Volume (GAL.)	Quantity	Weight (LBS.)	Volume (GAL.)
1. Date: _____ City: _____ State: _____ Country: _____ Loaded vehicle out at departure: _____ No. of trailers attached: _____					<input type="checkbox"/> Deliver <input type="checkbox"/> Pick up <input type="checkbox"/> Other - Specify: _____ <input type="checkbox"/> Return to base <input type="checkbox"/> Stop off trailer <input type="checkbox"/> Pick up trailer <input type="checkbox"/> Other - Specify: _____						
2. Date: _____ City: _____ State: _____ Country: _____ Loaded vehicle out at departure: _____ No. of trailers attached: _____					<input type="checkbox"/> Deliver <input type="checkbox"/> Pick up <input type="checkbox"/> Other - Specify: _____ <input type="checkbox"/> Return to base <input type="checkbox"/> Stop off trailer <input type="checkbox"/> Pick up trailer <input type="checkbox"/> Other - Specify: _____						
3. Date: _____ City: _____ State: _____ Country: _____ Loaded vehicle out at departure: _____ No. of trailers attached: _____					<input type="checkbox"/> Deliver <input type="checkbox"/> Pick up <input type="checkbox"/> Other - Specify: _____ <input type="checkbox"/> Return to base <input type="checkbox"/> Stop off trailer <input type="checkbox"/> Pick up trailer <input type="checkbox"/> Other - Specify: _____						
4. Date: _____ City: _____ State: _____ Country: _____ Loaded vehicle out at departure: _____ No. of trailers attached: _____					<input type="checkbox"/> Deliver <input type="checkbox"/> Pick up <input type="checkbox"/> Other - Specify: _____ <input type="checkbox"/> Return to base <input type="checkbox"/> Stop off trailer <input type="checkbox"/> Pick up trailer <input type="checkbox"/> Other - Specify: _____						
5. Date: _____ City: _____ State: _____ Country: _____ Loaded vehicle out at departure: _____ No. of trailers attached: _____					<input type="checkbox"/> Deliver <input type="checkbox"/> Pick up <input type="checkbox"/> Other - Specify: _____ <input type="checkbox"/> Return to base <input type="checkbox"/> Stop off trailer <input type="checkbox"/> Pick up trailer <input type="checkbox"/> Other - Specify: _____						
6. Date: _____ City: _____ State: _____ Country: _____ Loaded vehicle out at departure: _____ No. of trailers attached: _____					<input type="checkbox"/> Deliver <input type="checkbox"/> Pick up <input type="checkbox"/> Other - Specify: _____ <input type="checkbox"/> Return to base <input type="checkbox"/> Stop off trailer <input type="checkbox"/> Pick up trailer <input type="checkbox"/> Other - Specify: _____						

ADDITIONAL SAMPLE DAY STOPS				Type of plant stock	Other items present (stop)	Purpose for the purpose of the stop?	From the reference list of commodities, on page 4 enter the code and weight for the items picked up or delivered at each stop. If any other commodities are...								
101				101	101	101	Items delivered			Items picked up					
Date				Time of arrival	Departure time	City	County	State	Commodity Code	Quantity	Weight (Lbs.)	Commodity Code	Quantity	Weight (Lbs.)	
Loaded vehicle on at departure				No. of trailers attached				<input type="checkbox"/> Return to base	<input type="checkbox"/> Delivery						
<input type="checkbox"/> Pick up same				<input type="checkbox"/> Drop off base				<input type="checkbox"/> Pick up same	<input type="checkbox"/> Drop off base						
<input type="checkbox"/> Pick up trailer				<input type="checkbox"/> Other - Specify				<input type="checkbox"/> Pick up trailer	<input type="checkbox"/> Other - Specify						

ADDITIONAL SAMPLE DAY STOPS				Type of plant stock	Other items present (stop)	Purpose for the purpose of the stop?	From the reference list of commodities, on page 4 enter the code and weight for the items picked up or delivered at each stop. If any other commodities are...								
101				101	101	101	Items delivered			Items picked up					
Date				Time of arrival	Departure time	City	County	State	Commodity Code	Quantity	Weight (Lbs.)	Commodity Code	Quantity	Weight (Lbs.)	
Loaded vehicle on at departure				No. of trailers attached				<input type="checkbox"/> Return to base	<input type="checkbox"/> Delivery						
<input type="checkbox"/> Pick up same				<input type="checkbox"/> Drop off base				<input type="checkbox"/> Pick up same	<input type="checkbox"/> Drop off base						
<input type="checkbox"/> Pick up trailer				<input type="checkbox"/> Other - Specify				<input type="checkbox"/> Pick up trailer	<input type="checkbox"/> Other - Specify						

APPENDIX II
NTTIS Survey Form

APPENDIX III
1986 CATS Commercial Vehicle Survey Form



CHICAGO AREA TRANSPORTATION STUDY
ILLINOIS DEPARTMENT OF TRANSPORTATION
300 WEST ADAMS STREET CHICAGO, ILLINOIS 60606
TELEPHONE: 753-3464

1986

COMMERCIAL VEHICLE SURVEY

Vehicle Trip Record

THIS TRIP RECORD WILL ACCOMPANY THE ABOVE VEHICLE FOR A PERIOD OF 74 HOURS BEGINNING AT 12:01 AM ON TUESDAY, FEBRUARY 25, 1986.

CONFIDENTIAL
The information obtained from this study will be afforded complete confidentiality, and will be used for statistical/analytical purposes only.

A PERSONAL MESSAGE TO THE DRIVER OR DRIVERS
YOUR CHANCE TO GIVE US YOUR TWO CENTS WORTH

Please take a minute to read this and to look through the Trip Record before starting out. We need your help but we don't want it to be difficult for you.



About CATS
The Chicago Area Transportation Study (CATS) is a government agency that does transportation planning for Northern Illinois. It does studies of transportation and land use, including freeways and buses. CATS also maintains computer programs to predict future traffic conditions.

CATS conducts bus route studies, which are (1) Long Range Transportation Plans, (5-year and 20-year horizons) and (2) the Transportation Improvement Program, which is a yearly program of specific transportation projects such as road building and widening, repaving improvements, grade crossings and interchanges, etc.

About This Study

This Trip Record will give CATS a "day in the life" look at the region's truck fleet - what it does and where it goes. This information will be used to help us plan for the future. We will only use the information we get from it to help us understand our own area. Please help us collect the information on Tuesday, February 25, 1986.

NOTE: If the number on this slip is so bad that the slip is not legible to complete a bit and return to us, then please help the Trip Record on another day later in the same week.

About The Record

An information collected from the survey will be included in the driver's confidence. Slip that are not returned to us will be destroyed. We will only use the information for CATS planning work. The information will help us in making important transportation improvement programs.

The Census of Vehicle Survey has been authorized by the Illinois Trucking Association, and by the Chicago Association of Commerce and Industry in recognition of giving your help. I thank you.

YOU COME TO US. CAN WE COME TO YOU (if)?
Your appreciation,
Ann R. ...
I would be glad to give you an idea of what we consider to be a day, or trip, or hour, for the record. We will use an example of a school bus.

1:00 PM - The bus leaves the school bus depot at 1:00 PM for the school.
1:15 PM - The bus leaves the school bus depot at 1:15 PM for the school.
1:30 PM - The bus leaves the school bus depot at 1:30 PM for the school.
1:45 PM - The bus leaves the school bus depot at 1:45 PM for the school.
2:00 PM - The bus leaves the school bus depot at 2:00 PM for the school.
2:15 PM - The bus leaves the school bus depot at 2:15 PM for the school.
2:30 PM - The bus leaves the school bus depot at 2:30 PM for the school.
2:45 PM - The bus leaves the school bus depot at 2:45 PM for the school.
3:00 PM - The bus leaves the school bus depot at 3:00 PM for the school.
3:15 PM - The bus leaves the school bus depot at 3:15 PM for the school.
3:30 PM - The bus leaves the school bus depot at 3:30 PM for the school.
3:45 PM - The bus leaves the school bus depot at 3:45 PM for the school.
4:00 PM - The bus leaves the school bus depot at 4:00 PM for the school.
4:15 PM - The bus leaves the school bus depot at 4:15 PM for the school.
4:30 PM - The bus leaves the school bus depot at 4:30 PM for the school.
4:45 PM - The bus leaves the school bus depot at 4:45 PM for the school.
5:00 PM - The bus leaves the school bus depot at 5:00 PM for the school.
5:15 PM - The bus leaves the school bus depot at 5:15 PM for the school.
5:30 PM - The bus leaves the school bus depot at 5:30 PM for the school.
5:45 PM - The bus leaves the school bus depot at 5:45 PM for the school.
6:00 PM - The bus leaves the school bus depot at 6:00 PM for the school.
6:15 PM - The bus leaves the school bus depot at 6:15 PM for the school.
6:30 PM - The bus leaves the school bus depot at 6:30 PM for the school.
6:45 PM - The bus leaves the school bus depot at 6:45 PM for the school.
7:00 PM - The bus leaves the school bus depot at 7:00 PM for the school.
7:15 PM - The bus leaves the school bus depot at 7:15 PM for the school.
7:30 PM - The bus leaves the school bus depot at 7:30 PM for the school.
7:45 PM - The bus leaves the school bus depot at 7:45 PM for the school.
8:00 PM - The bus leaves the school bus depot at 8:00 PM for the school.
8:15 PM - The bus leaves the school bus depot at 8:15 PM for the school.
8:30 PM - The bus leaves the school bus depot at 8:30 PM for the school.
8:45 PM - The bus leaves the school bus depot at 8:45 PM for the school.
9:00 PM - The bus leaves the school bus depot at 9:00 PM for the school.
9:15 PM - The bus leaves the school bus depot at 9:15 PM for the school.
9:30 PM - The bus leaves the school bus depot at 9:30 PM for the school.
9:45 PM - The bus leaves the school bus depot at 9:45 PM for the school.
10:00 PM - The bus leaves the school bus depot at 10:00 PM for the school.
10:15 PM - The bus leaves the school bus depot at 10:15 PM for the school.
10:30 PM - The bus leaves the school bus depot at 10:30 PM for the school.
10:45 PM - The bus leaves the school bus depot at 10:45 PM for the school.
11:00 PM - The bus leaves the school bus depot at 11:00 PM for the school.
11:15 PM - The bus leaves the school bus depot at 11:15 PM for the school.
11:30 PM - The bus leaves the school bus depot at 11:30 PM for the school.
11:45 PM - The bus leaves the school bus depot at 11:45 PM for the school.
12:00 AM - The bus leaves the school bus depot at 12:00 AM for the school.



LICENSE PLATE NUMBER _____
(This will confirm that the Trip Record is on the vehicle for which it is intended)

If the vehicle's normal work is being conducted by another (but is, different) vehicle, then please send the back out with the substitute vehicle.

LICENSE PLATE OF OTHER VEHICLE _____

IF THE LICENSE PLATE HAS RECENTLY BEEN CHANGED, ENTER NEW PLATE NUMBER _____

WHERE: _____

STARTING ADDRESS: 12:01 AM, FEBRUARY 25, 1986: _____

AT MIDNIGHT, THIS VEHICLE WAS (Check which applies):

- PARKED ON STREET
- PARKED ON COMPANY PROPERTY OR IN COMPANY GARAGE
- PARKED ON PERSONAL PROPERTY OR IN PERSONAL GARAGE
- IN TRAMPT (That is, at work)
- OUT OF STATE

IF THE VEHICLE WILL NOT WORK ON FEBRUARY 25, 1986 BECAUSE THERE IS NO WORK FOR IT, CHECK THIS BOX

IF THE VEHICLE WILL NOT WORK ON FEBRUARY 25, 1986 BECAUSE IT IS NOT OPERATIONAL (for sale, in for service etc.) Check this box

NOTE: This may take you back to the top of the page to enter the plate number of a substitute vehicle.

CONTACT PERSON FOR CATS TO FOLLOW UP WITH: _____

NAME: _____

TELEPHONE: _____

NAME AND ADDRESS OF STOP
(Please include Zip Code)

T
R
I
P

1	
2	
3	
4	
5	
6	
7	
8	

TRIP 6	TRIP 7	TRIP 8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

START TIME:
START ODOMETER READING:

	TRIP 1	TRIP 2	TRIP 3	TRIP 4	TRIP 5
STOP TIME					
STOP ODOMETER					
ON-STREET	<input type="checkbox"/>				
OFF-STREET	<input type="checkbox"/>				
ACTIVITY AT STOP (Check one)	<input type="checkbox"/>				
Pick up, Load	<input type="checkbox"/>				
Drop off, Unload	<input type="checkbox"/>				
Load and Unload	<input type="checkbox"/>				
Get Up Vehicle	<input type="checkbox"/>				
Rest or other personal	<input type="checkbox"/>				
LAND USE AT STOP (Check one)	<input type="checkbox"/>				
Residential	<input type="checkbox"/>				
Retail	<input type="checkbox"/>				
Manufacturing	<input type="checkbox"/>				
Transportation/Warehouse/Communications/Warehouse Inc. including truck stops	<input type="checkbox"/>				
Public & Government, Incl. Museums, Schools, Libraries	<input type="checkbox"/>				
Office & Services, Incl. Finance	<input type="checkbox"/>				
Real Estate, Insurance, Hospital	<input type="checkbox"/>				
Other (Write in)	<input type="checkbox"/>				
TRUCK TYPE (Check one)	<input type="checkbox"/>				
Straight Truck	<input type="checkbox"/>				
Tractor - Semi-trailer	<input type="checkbox"/>				
Tractor - Trailer	<input type="checkbox"/>				
Bobtail	<input type="checkbox"/>				

THANK YOU FOR TAKING PART IN THIS IMPORTANT STUDY OF COMMERCIAL VEHICLE ACTIVITY.

IN THE SPACE PROVIDED, WHICH FOLLOWS, PLEASE TAKE THE OPPORTUNITY TO MAKE COMMENTS.

TRIP NAME AND ADDRESS OF STOP (Please include Zip Code)

9 _____

 10 _____

IF THE VEHICLE MAKES MORE THAN 10 TRIPS FOR THE DAY, WRITE IN THE TOTAL NUMBER OF TRIPS HERE.

FINAL STOP ADDRESS

FINAL ODOMETER READING:

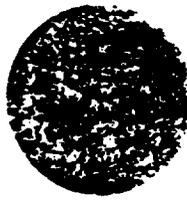
WHAT IS THE MOST COMMON COMMODITY THAT THIS VEHICLE HAULES?

START TIME	TRIP 9	TRIP 10
START ODOMETER READING:		
STOP TIME		
STOP ODOMETER		
ON-STREET	<input type="checkbox"/>	<input type="checkbox"/>
OFF-STREET	<input type="checkbox"/>	<input type="checkbox"/>
ACTIVITY AT STOP (Check one)		
Pick up, Load	<input type="checkbox"/>	<input type="checkbox"/>
Drop off, Unload	<input type="checkbox"/>	<input type="checkbox"/>
Load and Unload	<input type="checkbox"/>	<input type="checkbox"/>
Gas Up Vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Meal or other personal	<input type="checkbox"/>	<input type="checkbox"/>
LAND USE AT STOP (Check one)		
Residential	<input type="checkbox"/>	<input type="checkbox"/>
Retail	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturing	<input type="checkbox"/>	<input type="checkbox"/>
Transportation/Utilities/Communications/Wholesaling, including interstate	<input type="checkbox"/>	<input type="checkbox"/>
Public & Government, incl. Museums, Schools, Libraries	<input type="checkbox"/>	<input type="checkbox"/>
Offices & Services, incl. Financial, Legal, Insurance, Hospitals	<input type="checkbox"/>	<input type="checkbox"/>
Other (Write in)	<input type="checkbox"/>	<input type="checkbox"/>
TRUCK TYPE (Check one)		
Straight Truck	<input type="checkbox"/>	<input type="checkbox"/>
Tractor + Semi-trailer	<input type="checkbox"/>	<input type="checkbox"/>
Tractor + Trailer	<input type="checkbox"/>	<input type="checkbox"/>
Bobtail	<input type="checkbox"/>	<input type="checkbox"/>



BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 1774 CHICAGO, IL
NO POSTAGE WILL BE PAID BY ADDRESSEE

CHICAGO AREA TRANSPORTATION STUDY
300 WEST ADAMS STREET
CHICAGO, ILLINOIS 60604



Please retool or staple before mailing

APPENDIX IV
1991 Phoenix Urban Truck Travel Survey Form



MARICOPA ASSOCIATION OF GOVERNMENTS
Transportation & Planning Office

1739 West Jackson Street
Phoenix, Arizona 85007
(602) 255-7867

Dear Truck Owner,

Enclosed you will find a Vehicle Trip Record designed to study commercial vehicle transportation and travel activity. The survey will play an important part in planning for future transportation needs here in the Valley. We are interested in learning more about the day-to-day travel behavior of commercial vehicles in Maricopa County. We need your help. The vehicle with the license plate number listed on the label attached to the survey is the vehicle that should have its travel activity recorded on this Vehicle Trip Record. By having the driver of that vehicle fill out a travel log for just one day, you will help us learn more about how to help address Arizona's transportation concerns. We need the travel activity of that vehicle for Tuesday, October 3, 1989.

ABOUT MAG

The Maricopa Association of Governments (MAG) is a voluntary association of local governments that does transportation planning for Maricopa county. Research studies about transportation are conducted so that we can learn more about how to solve traffic problems that affect the Valley. We also maintain computer programs that help us to project future traffic patterns.

ABOUT THE STUDY

This Vehicle Trip Record is being filled out by several hundred commercial vehicle drivers in Maricopa county. Vehicles are randomly selected to participate in the study, and yours is one that has been selected. The information about the use of your vehicle will enable MAG to understand "a day in the life" of this county's fleet of commercial vehicles. We want to know what the vehicle is used for and where it goes. We are interested in the vehicle, but we need your help. By filling out the Vehicle Trip Record, your driver will be giving us information that we cannot get anywhere else. Through your record, we will learn more about that vehicle and others like it.

ABOUT THE RESULTS

All information gathered for this study is coming from individuals just like you drivers who are filling out identical Vehicle Trip Records. All of the information will be treated with the utmost confidentiality. We will use the information only for MAG purposes, to help us prepare future transportation improvement programs. Programs that we hope will help you.

You really count to us. Can we count on you? In expectation of getting your help with this study, I thank you. If you have any concerns about participating in research, please call our Survey Information telephone line at 967-4441.

To proceed, the addressee should complete the first page of the Vehicle Trip Record and then forward the record to the driver of the appropriate vehicle as indicated on Page 1.

Yours appreciatively,

Roger Herzog
MAG Transportation & Planning
Office Manager

A Voluntary Association of Local Governments in Maricopa County

ADOT COMMERCIAL VEHICLE TRIP RECORD

*** A Personal Message To The Driver Or Drivers ***

If you have any questions, please call our Survey Information telephone line 967-4441.

Who should we contact if we have questions about your Vehicle Trip Record?

NAME _____

TELEPHONE NUMBER _____

X

X

INSERT LABEL HERE

X

X

1. What is the starting address for the vehicle listed on the label above on the survey date (the first Tuesday, Wednesday or Thursday after you received this survey)? Please be specific! Indicate St., Ave., North, South, East or West, nearest intersection if street address is unknown.

Street Address: _____

City: _____ Zip Code: _____

2. Please look at Figure 1 and determine which vehicle looks most like this vehicle. In the space provided below, write in the letter next to the picture of the vehicle which looks most like this vehicle. (If this vehicle normally operates with one or more trailers, write in the letter of the most common tractor/trailer configuration usually used.)

Letter of Vehicle From Figure 1: _____

3. If this vehicle, when used as shown in Figure 1, has more than six tires, please write in an estimate of what you think is its gross weight. If the vehicle has six tires or less, go on to Question 4.

Gross weight _____

4. How will you be using the vehicle today? Please circle "yes" or "no" for each item below to tell us whether you will use the vehicle for that activity today.

a. Transportation between home and work YES NO

b. Any work-related purpose other than commuting YES NO->COMPLETION OF
DIARY IS NOT REQUIRED. RETURN
FORM IN POSTAGE PAID ENVELOPE.

PLEASE COMPLETE
TRAVEL DIARY.

Before you go on to the Travel Diary on the next page, we want to give you an idea of what we consider to be a trip or trips to be recorded on these pages. We will use the example of a ten-wheel tractor which is normally used with an eight-wheel semi-trailer to deliver building supplies:

Trip 1 Loaded tractor-trailer goes from warehouse to first delivery site, a new residential development under construction.

Trip 2 Empty tractor-trailer returns to warehouse to drop off for re-loading.

Trip 3 Tractor only goes to truck stop (transportation land use) to be refueled.

Trip 4 Tractor goes to restaurant (retail land use); driver has lunch.

Trip 5 Tractor returns to warehouse to pick up loaded trailer.

Trip 6 Loaded tractor-trailer goes from warehouse to second delivery site, where a hospital is being expanded.

Trip 7 Empty tractor-trailer returns to warehouse where it is parked overnight.

Start time: _____ :__ A.M./P.M.
 Start Odometer: _____

TRAVEL DIARY

Please record each trip
 in the order you make it.

Trip #	Start Time <small>(Circle A.M./P.M.)</small>	Stop Time	Stop Odometer	Name & Address of stop Please give EXACT street address, St. vs Ave., etc.	Zipcode of stop	Activity at stop <small>See below.</small>	Stop ON or OFF street	Land Use at stop <small>See below.</small>	Vehicle Type <small>See below.</small>	Total # axles
EXAMPLE TRIP: (TRIP #6 IN PREVIOUS EXAMPLE)										
6	12:45 AM <input type="radio"/> PM <input type="radio"/>	1:15 AM <input type="radio"/> PM <input type="radio"/>	6082.3	1345 N. 10th Street Warehouse #2, Phoenix	85014	1	ON <input type="radio"/> OFF <input checked="" type="radio"/>	3	4	3
1.	AM PM	AM PM					ON OFF			
2.	AM PM	AM PM					ON OFF			
3.	AM PM	AM PM					ON OFF			
4.	AM PM	AM PM					ON OFF			
5.	AM PM	AM PM					ON OFF			
6.	AM PM	AM PM					ON OFF			
7.	AM PM	AM PM					ON OFF			
8.	AM PM	AM PM					ON OFF			
9.	AM PM	AM PM					ON OFF			
10.	AM PM	AM PM					ON OFF			

If your vehicle made more than 10 trips during the day, write in the total number of trips here: _____

Write in your final odometer reading here: _____

What was your final stop address? _____

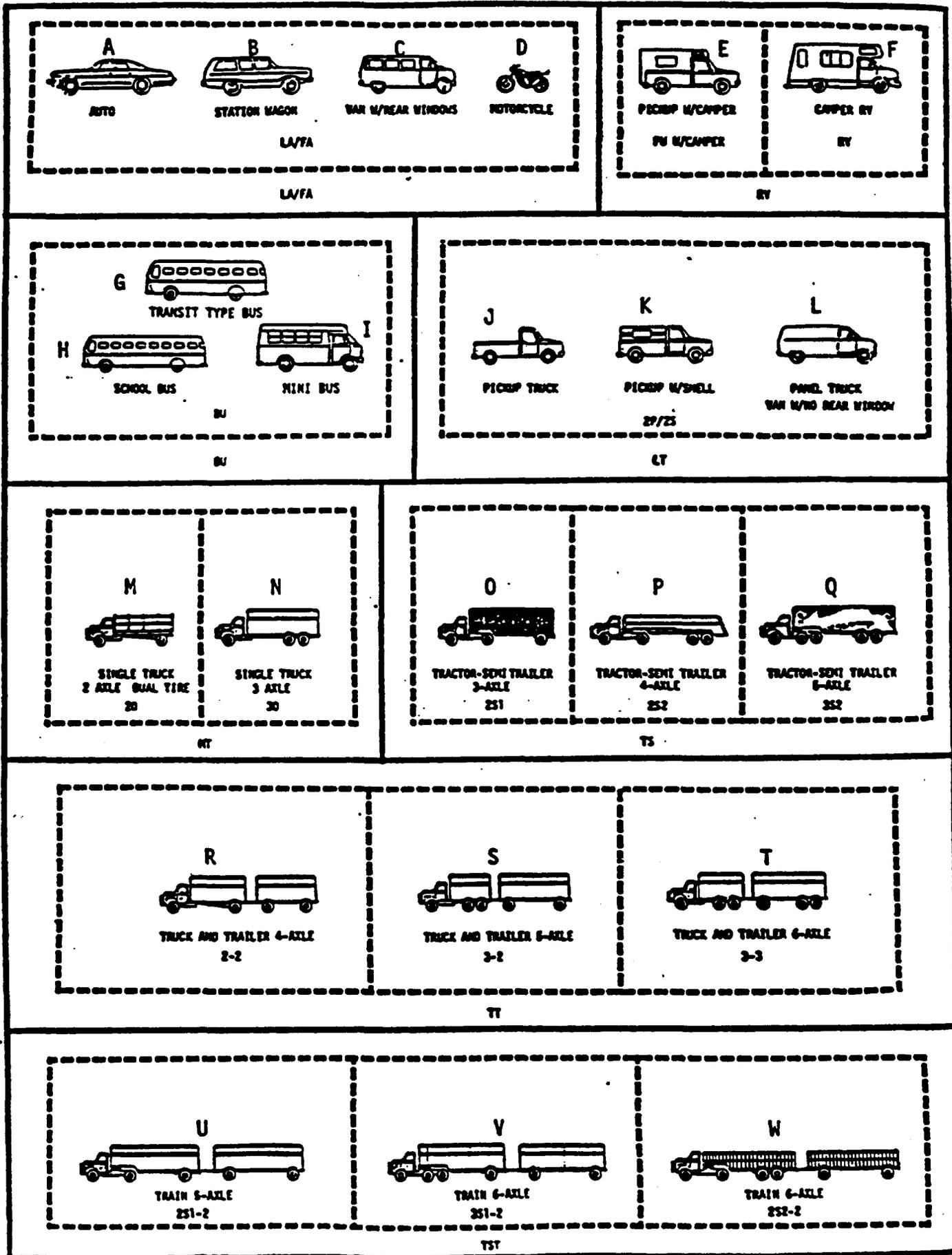
- | ACTIVITY AT STOP | LAND USE AT STOP | VEHICLE TYPE |
|------------------------|-------------------------------------|-------------------------|
| 1. Pick up, Load | 1. Residential | 1. Straight Truck |
| 2. Drop off, Unload | 2. Retail | 2. Tractor/semi-trailer |
| 3. Load & Unload | 3. Manufacturing, Warehousing, etc. | 3. Tractor/Trailer |
| 4. Service call | 4. Transportation | 4. Semi-trailer |
| 5. See up vehicle | 5. Utilities | 5. Commercial Auto |
| 6. Meet/Other personal | 6. Communication | |
| | 7. Hospitals | |
| | 8. Public/Government | |
| | 9. Office/Services | |
| | 10. Other (write in) | |

At the end of the travel day for this vehicle, please fold and return the Vehicle Trip Record by mail. Postage is paid.

Please return to:

O'NEIL ASSOCIATES, INC.
 412 East Southern Avenue
 Tempe, AZ 85282

Figure 1
VEHICLE CLASSIFICATIONS



APPENDIX V
1987 New York-New Jersey Truck Commodity Survey Form

APPENDIX VI
1991 New York-New Jersey Truck Commodity Survey Form

APPENDIX VII
1992 New York-New Jersey Truck Cordon Study Survey Form

APPENDIX VIII
1994 El Paso Commercial Truck Travel Survey Form

Identification Label:

The Communications Group

a. Record Type 20

b. Month _____

c. Travel Date _____

Please answer the following questions about your truck or commercial vehicle:

1. What is the primary business of the owner of this truck? _____

2. Who manufactured this truck? _____

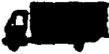
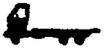
3. What is the model name of this truck? _____

4. What is the model year of this truck? _____

5. What type of fuel does this truck use?

- 1 Gasoline
- 2 Diesel
- 3 Other _____
(please specify)

6. How was this truck configured on the travel day:

TRUCKS	SINGLE UNIT TRUCKS	2 AXLE, 6 - TIRE			1
		3 AXLE			2
		4 OR MORE AXLE			3
	COMBINATIONS	3 AXLE SINGLE TRAILER			4
		4 AXLE SINGLE TRAILER			5
		5 AXLE SINGLE TRAILER			6
		6 OR MORE AXLE SINGLE TRAILER			7
		5 OR LESS AXLE MULTI-TRAILER			8
		6 AXLE MULTI-TRAILER			9

7. What is the odometer-reading on this truck? _____ miles

Now, please complete the trip diary for each trip (stop) or delivery made today.

The Communications Group
 Record Type 21
 Vehicle License Number _____

COMMERCIAL VEHICLE TRIP DIARY

INSTRUCTIONS: Please complete the trip diary for each trip made today. You may substitute a manifest if available. Please include each stop as a separate trip, even if only stopping for lunch.

TRAVEL DAY: _____

At 4 AM, this vehicle was at:
 1 Your place of business
 2 Other location as shown below

Name of Place _____ Kind of Place _____

Address or Intersecting Streets _____

City _____ State _____ Zip Code _____

Departure Time: _____ AM Noon PM Mdnt

Beginning Odometer Reading: _____ Miles

Cargo at Departure _____

WHERE was this vehicle taken next?	KIND OF PLACE (for example, <i>apparel manufacturer</i>)	PURPOSE of trip (Check one)	ARRIVAL TIME	ODOMETER READING (in Miles)	DEPART TIME	FACILITIES USED to get to this stop (check all that apply)
Name of Place _____		1 <input type="checkbox"/> Return to base location 2 <input type="checkbox"/> Delivery 3 <input type="checkbox"/> Pick-up 4 <input type="checkbox"/> Maintenance, fuel, oil, ... 5 <input type="checkbox"/> Driver needs (lunch, ...) 6 <input type="checkbox"/> Other _____	: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Noon <input type="checkbox"/> Mdnt		: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Noon <input type="checkbox"/> Mdnt	1 <input type="checkbox"/> I-10 2 <input type="checkbox"/> Border Freeway 3 <input type="checkbox"/> Montana Avenue 4 <input type="checkbox"/> Trans-Mountain Drive 5 <input type="checkbox"/> Mesa Street 6 <input type="checkbox"/> Alameda Avenue 7 <input type="checkbox"/> Paisano Drive 8 <input type="checkbox"/> North Loop 9 <input type="checkbox"/> 375
Address or Intersecting Streets _____	Activity type _____				Cargo at Departure _____	
City, State, Zip Code _____		1 <input type="checkbox"/> Return to base location 2 <input type="checkbox"/> Delivery 3 <input type="checkbox"/> Pick-up 4 <input type="checkbox"/> Maintenance, fuel, oil, ... 5 <input type="checkbox"/> Driver needs (lunch, ...) 6 <input type="checkbox"/> Other _____	: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Noon <input type="checkbox"/> Mdnt		: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Noon <input type="checkbox"/> Mdnt	1 <input type="checkbox"/> I-10 2 <input type="checkbox"/> Border Freeway 3 <input type="checkbox"/> Montana Avenue 4 <input type="checkbox"/> Trans-Mountain Drive 5 <input type="checkbox"/> Mesa Street 6 <input type="checkbox"/> Alameda Avenue 7 <input type="checkbox"/> Paisano Drive 8 <input type="checkbox"/> North Loop 9 <input type="checkbox"/> 375
Name of Place _____					Cargo at Departure _____	
Address or Intersecting Streets _____	Activity type _____					
City, State, Zip Code _____						

FACILITIES USED
to get to this stop (check all that apply)

1 I-10
 2 Border Freeway
 3 Montana Avenue
 4 Trans-Mountain Drive
 5 Mesa Street
 6 Alameda Avenue
 7 Palsano Drive
 8 North Loop
 9 375

DEPART TIME

AM
 PM
 : :
 Noon
 Mdnrt

Cargo at Departure

ODOMETER READING
(In Miles)

ARRIVAL TIME

AM
 PM
 : :
 Noon
 Mdnrt

PURPOSE of trip
(Check one)

1 Return to base location
 2 Delivery
 3 Pick-up
 4 Maintenance, fuel, oil, ...
 5 Driver needs (lunch, ...)
 6 Other

KIND OF PLACE
(for example, apparel manufacturer)

Activity Type

HERE was this vehicle taken next?

me of Place

ress or Intersecting Streets

y, State, Zip Code

me of Place

ress or Intersecting Streets

y, State, Zip Code

me of Place

ress or Intersecting Streets

y, State, Zip Code

me of Place

ress or Intersecting Streets

y, State, Zip Code

1

APPENDIX IX
1994 North Carolina-Triad Area Truck Survey Form

TRIAD AREA, NORTH CAROLINA

TRUCK SURVEY - ADMINISTRATION DATA

Pre Interview

On-Site Interview

Call Date: ____/____/____

Vehicle # _____
from vehicle information sheet

1. Sample Number _____

License # _____

2. Travel Date ____/____/____
MONTH / DAY / YEAR

Contact with Driver or Owner

Day: Mon Tues Wed Thurs Fri

Date	Time	By	Result
____/____/____	____:____	INITIALS	_____
____/____/____	____:____	INITIALS	_____
____/____/____	____:____	INITIALS	_____

Owner's Name _____

Remarks _____

3. Registration Address

STREET NUMBER STREET NAME

CITY

STATE ZIP CODE

6. Total Trips Reported _____

7. Hours of Vehicle Operation _____

Contact Name _____
for vehicle information

8. Interview Type: (Check one below)

Trips Possible

- Complete
- Partial Interview
- Refused
- Cannot Find Owner
- Cannot Find Address
- Garaged Outside Area

No Trips Possible

- Out of Area on Travel Day
- Vehicle Sold or Junked
- Other _____
PLEASE SPECIFY

Telephone Number: (____) _____

4. Garaging Address (if Different)

STREET NUMBER STREET NAME

CITY

STATE ZIP CODE

9. Interviewer Identification and Certification:

I hereby certify that the information on this form has been obtained by me from the respondent and is accurate and complete.

Number of Trucks here: _____

Driver/Dispatcher: _____

INTERVIEWER'S SIGNATURE _____ DATE _____

INTERVIEWER'S NUMBER _____

Part 1 Vehicle Information

Your Travel Day is:

The label above includes some of the information you provided when our interviewer called. Included are your address, type of company, and the number of persons employed in your company. If any of these items are incorrect, please write the correct information directly on the label.

Please fill out the information below about the vehicles owned by or garaged at your company.

Please assign a *vehicle number* to each vehicle at your company. Then fill in the boxes to the right for each vehicle. Be sure that the vehicle number on this form corresponds to the vehicle number used on the Travel Diary.

Vehicle Number	Type of Vehicle										Number of Axles		Weight (lbs)	
	License Plate #	Year	Single Unit Truck	Combination Truck	Pick-up or Panel	Van	Car	Diesel	Gasoline	Other	2, 3, 4, or 5+	Empty	Loaded	
1			<input type="checkbox"/>	<input type="checkbox"/>	Make _____ Model _____	Make _____ Model _____	Make _____ Model _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2			<input type="checkbox"/>	<input type="checkbox"/>	Make _____ Model _____	Make _____ Model _____	Make _____ Model _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
3			<input type="checkbox"/>	<input type="checkbox"/>	Make _____ Model _____	Make _____ Model _____	Make _____ Model _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
4			<input type="checkbox"/>	<input type="checkbox"/>	Make _____ Model _____	Make _____ Model _____	Make _____ Model _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
5			<input type="checkbox"/>	<input type="checkbox"/>	Make _____ Model _____	Make _____ Model _____	Make _____ Model _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
6			<input type="checkbox"/>	<input type="checkbox"/>	Make _____ Model _____	Make _____ Model _____	Make _____ Model _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
7			<input type="checkbox"/>	<input type="checkbox"/>	Make _____ Model _____	Make _____ Model _____	Make _____ Model _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
8			<input type="checkbox"/>	<input type="checkbox"/>	Make _____ Model _____	Make _____ Model _____	Make _____ Model _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
9			<input type="checkbox"/>	<input type="checkbox"/>	Make _____ Model _____	Make _____ Model _____	Make _____ Model _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
10			<input type="checkbox"/>	<input type="checkbox"/>	Make _____ Model _____	Make _____ Model _____	Make _____ Model _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Part 2 Travel Diary

Travel Day: Mon Tues Wed Thurs Fri and Date: _____ / _____ / _____

For Truck Number _____ (Write in number from company information form)

Number of Axles? _____ Is this a delivery van, Yes No or passenger van? Yes No

On this day, was this truck used? Yes - Continue below
 No - Return questionnaire

My First Trip Began at:

Base Other Location (Indicate address below)

Name of Place _____

Address or Interesting Streets _____

City _____ State _____ Zip Code _____

Mileage for the travel day:

Begin Odometer Number _____
End Odometer Number _____

Instructions:

- Please carry this diary with you throughout the travel day shown above.
- Record each trip you make in the order you make it.
- Include the specific data requested for each trip.

If you are leaving the Triad area and will not come back today, please fill out the information for the trip you will make and return this form to the person who gave it to you.

Location Address	When did you get here/leave here?	Did you turn the engine off at this stop?	Activity at Stop (check one for each trip)	Land Use at Stop (check one for each trip)	If auto or van, # of persons in vehicle including driver.	If truck, what are you carrying? (Type of Goods) (check one for each trip)
<p>1 First, I went to:</p> <p>Name of Place _____</p> <p>Address or nearest Inter section _____</p> <p>City _____ State _____ Zip _____</p>	<p>Arrive</p> <p>_____ a.m. _____ p.m.</p> <p>Depart</p> <p>_____ a.m. _____ p.m.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><input type="checkbox"/> 1 Pick-up Load <input type="checkbox"/> 2 Drop-off Load <input type="checkbox"/> 3 Service Unit <input type="checkbox"/> 4 Fuel Unit <input type="checkbox"/> 5 Personal Business <input type="checkbox"/> 6 Return to base <input type="checkbox"/> 7 Other _____ (Please Specify)</p>	<p><input type="checkbox"/> 1 Office Bldg. Commercial <input type="checkbox"/> 2 Retail/Restaurant/Gas Station <input type="checkbox"/> 3 Warehouse/Manufacturing <input type="checkbox"/> 4 Residential <input type="checkbox"/> 5 Port/Transportation Hub <input type="checkbox"/> 6 Utilities <input type="checkbox"/> 7 Construction/Gravel/Landfill <input type="checkbox"/> 8 Other _____ (Please Specify)</p>	<p># of People _____</p>	<p><input type="checkbox"/> 1 Food or Kindred Products <input type="checkbox"/> 2 Tobacco, Textiles, Apparel <input type="checkbox"/> 3 Containers returned empty <input type="checkbox"/> 4 Mail or Express Traffic/Small Packaged Freight Printed Matter <input type="checkbox"/> 5 Clay, Concrete Glass or Stone Products/Furniture or Fabricated Metal Products/Lumber, Pulp, Paper or Allied Products <input type="checkbox"/> 6 <input type="checkbox"/> 7 Metallic Ores, Coal, Petroleum Natural Gas <input type="checkbox"/> 8 Farm, Forest or Marine Products <input type="checkbox"/> 9 Machinery Transportation Equipment or Supplies <input type="checkbox"/> 10 Waste or Scrap Material <input type="checkbox"/> 11 Hazardous Material <input type="checkbox"/> 12 Fek <input type="checkbox"/> 13 Other _____</p>
<p>2 Then, I went to:</p> <p>Name of Place _____</p> <p>Address or nearest Inter section _____</p> <p>City _____ State _____ Zip _____</p>	<p>Arrive</p> <p>_____ a.m. _____ p.m.</p> <p>Depart</p> <p>_____ a.m. _____ p.m.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><input type="checkbox"/> 1 Pick-up Load <input type="checkbox"/> 2 Drop-off Load <input type="checkbox"/> 3 Service Unit <input type="checkbox"/> 4 Fuel Unit <input type="checkbox"/> 5 Personal Business <input type="checkbox"/> 6 Return to base <input type="checkbox"/> 7 Other _____ (Please Specify)</p>	<p><input type="checkbox"/> 1 Office Bldg. Commercial <input type="checkbox"/> 2 Retail/Restaurant/Gas Station <input type="checkbox"/> 3 Warehouse/Manufacturing <input type="checkbox"/> 4 Residential <input type="checkbox"/> 5 Port/Transportation Hub <input type="checkbox"/> 6 Utilities <input type="checkbox"/> 7 Construction/Gravel/Landfill <input type="checkbox"/> 8 Other _____ (Please Specify)</p>	<p># of People _____</p>	<p><input type="checkbox"/> 1 Food or Kindred Products <input type="checkbox"/> 2 Tobacco, Textiles, Apparel <input type="checkbox"/> 3 Containers returned empty <input type="checkbox"/> 4 Mail or Express Traffic/Small Packaged Freight Printed Matter <input type="checkbox"/> 5 Clay, Concrete Glass or Stone Products/Furniture or Fabricated Metal Products/Lumber, Pulp, Paper or Allied Products <input type="checkbox"/> 6 <input type="checkbox"/> 7 Metallic Ores, Coal, Petroleum Natural Gas <input type="checkbox"/> 8 Farm, Forest or Marine Products <input type="checkbox"/> 9 Machinery Transportation Equipment or Supplies <input type="checkbox"/> 10 Waste or Scrap Material <input type="checkbox"/> 11 Hazardous Material <input type="checkbox"/> 12 Fek <input type="checkbox"/> 13 Other _____</p>

APPENDIX X
1994 Houston-Galveston Area Council Commercial Vehicle Survey Form



COMMERCIAL PASSENGER CARRIER CONTROL FORM

Telephone Number _____

Company Name: _____
 Address: _____
 Attention: _____

License Plate Number _____

Screening Call

Respondent Name		Call	Date	Time	Int	Result
		1				
		2				
		3				

**First Follow-Up
(Day Before Survey)**

Respondent Name		Call	Date	Time	Int	Result
		1				
		2				
		3				

**Second Follow-Up
(Day Before Survey)**

Respondent Name		Call	Date	Time	Int	Result
		1				
		2				
		3				

Responses

1. Willing to Participate?
 Yes No

Comments _____

Responses

1. Was questionnaire received?
 Yes No

2. Was a second survey mailed?
 Yes No

Comments _____

Responses

1. Was questionnaire mailed back?
 Yes No

Comments _____

- Result Codes:**
- 01 - Terminated
 - 02 - Refusal
 - 03 - Over Quota
 - 04 - Completed
 - 05 - No Answer
 - 06 - Call Back
 - 07 - Busy Signal
 - 08 - Ans. Machine
 - 09 - Disconnected
 - 10 - Business/Gov't
 - 11 - Deal/Language
 - 12 - Not Qualified
 - 13 - Spanish



Houston-Galveston Area Council

Office of the Executive Director

PO Box 22777 • 3555 Timmons • Houston, Texas 77227-2777 • 713/627-3200

Dear Commercial Vehicle Survey Participant:

Thank you for agreeing to participate in the Houston-Galveston area one-day travel survey. The Houston-Galveston Area Council, assisted by Wilbur Smith Associates, is conducting this survey to help plan for future transportation needs in our area. Your vehicle(s) was randomly selected in the sample of commercial vehicles registered in the Houston-Galveston area, and we need your assistance.

We are enclosing a copy of the one-day travel survey form for your or your truck driver's use in identifying trip information. We would like the truck driver to complete the form for all travel performed by the selected vehicle on the designated date. It is really quite simple and will assist us in studying the way commercial vehicles get around the Houston-Galveston area.

It is important that you complete and return this form even if no trips were made in the Houston-Galveston area on the selected date, as we need to know this information to estimate overall travel characteristics. Please note that this information will be treated confidentially, and will only be used in summary form.

Your cooperation and assistance in providing information for this important survey is greatly appreciated. If you have any questions, please call Wayne Holcombe at 465-7800. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Steele', written in a cursive style.

Jack Steele

RECEIVED

NOV 11 1994

COMMERCIAL PASSENGER CARRIER SURVEY

ATTENTION PASSENGER CARRIER DRIVER!

Here is your chance to participate in decisions about highway and transportation improvements in the Houston-Galveston area. Roadway modifications will be based upon your survey answers. This survey applies to every trip made in your passenger carrier on the designated travel day.

Thank you for your participation!

PART 1 VEHICLE INFORMATION

1) Record Type: 23

2) Day of Travel: _____
Month Day

3) Company Name: _____

4) Address: _____

OFFICE USE ONLY:

5) Census Tract Number: _____ 6) Traffic Serial Zone Number: _____

7) License Plate Number: _____

8) Make of Vehicle: _____ 9) Model of Vehicle: _____

10) Vehicle Year: _____

11) Vehicle Fuel Type:

<input type="checkbox"/> 1. Unleaded Gasoline	<input type="checkbox"/> 4. Propane
<input type="checkbox"/> 2. Unleaded Gasoline	<input type="checkbox"/> 5. Compressed Natural Gas
<input type="checkbox"/> 3. Diesel	<input type="checkbox"/> 6. Other _____ Specify

12) Maximum number of passengers vehicle can carry:

The next part of the survey asks that you record the following information after each trip made by this passenger carrier vehicle on the designated travel day. A trip is any time the vehicle stops and you

COMMERCIAL PASSENGER CARRIER SURVEY

OFFICE USE ONLY

Record Type: 24
 License Plate: _____

PART 2 TRIP DIARY

<p>00 My Trip Began At: Location: Place, Address, or nearest intersection, City/State/ZIP</p>	<p>OFFICE USE ONLY CENSUS TRACT: _____ ZONE NUMBER: _____</p>	<p>Odometer Reading _____ Departure Time _____ am _____ pm</p>	<p>Number of Passengers _____</p>	<p>Please indicate the purpose of this trip: <input type="checkbox"/> 1. Base Location / Return to Base Location <input type="checkbox"/> 2. Delivery <input type="checkbox"/> 3. Pick-Up <input type="checkbox"/> 4. Vehicle Maintenance (fuel, oil, etc.) <input type="checkbox"/> 5. Driver Needs (lunch, etc.) <input type="checkbox"/> 6. Other _____</p>	<p>Please describe this location: <input type="checkbox"/> 1. Residential <input type="checkbox"/> 2. Educational <input type="checkbox"/> 3. Industrial <input type="checkbox"/> 4. Government <input type="checkbox"/> 5. Medical <input type="checkbox"/> 6. Office <input type="checkbox"/> 7. Retail <input type="checkbox"/> 8. Other _____</p>
<p>01 Then I Went To: Location: Place, Address, or nearest intersection, City/State/ZIP</p>	<p>OFFICE USE ONLY CENSUS TRACT: _____ ZONE NUMBER: _____</p>	<p>Odometer Reading _____ Arrival Time _____ am _____ pm Departure Time _____ am _____ pm</p>	<p>Number of Passengers _____</p>	<p>Please indicate the purpose of this trip: <input type="checkbox"/> 1. Base Location / Return to Base Location <input type="checkbox"/> 2. Delivery <input type="checkbox"/> 3. Pick-Up <input type="checkbox"/> 4. Vehicle Maintenance (fuel, oil, etc.) <input type="checkbox"/> 5. Driver Needs (lunch, etc.) <input type="checkbox"/> 6. Other _____</p>	<p>Please describe this location: <input type="checkbox"/> 1. Residential <input type="checkbox"/> 2. Educational <input type="checkbox"/> 3. Industrial <input type="checkbox"/> 4. Government <input type="checkbox"/> 5. Medical <input type="checkbox"/> 6. Office <input type="checkbox"/> 7. Retail <input type="checkbox"/> 8. Other _____</p>
<p>02 Then I Went To: Location: Place, Address, or nearest intersection, City/State/ZIP</p>	<p>OFFICE USE ONLY CENSUS TRACT: _____ ZONE NUMBER: _____</p>	<p>Odometer Reading _____ Arrival Time _____ am _____ pm Departure Time _____ am _____ pm</p>	<p>Number of Passengers _____</p>	<p>Please indicate the purpose of this trip: <input type="checkbox"/> 1. Base Location / Return to Base Location <input type="checkbox"/> 2. Delivery <input type="checkbox"/> 3. Pick-Up <input type="checkbox"/> 4. Vehicle Maintenance (fuel, oil, etc.) <input type="checkbox"/> 5. Driver Needs (lunch, etc.) <input type="checkbox"/> 6. Other _____</p>	<p>Please describe this location: <input type="checkbox"/> 1. Residential <input type="checkbox"/> 2. Educational <input type="checkbox"/> 3. Industrial <input type="checkbox"/> 4. Government <input type="checkbox"/> 5. Medical <input type="checkbox"/> 6. Office <input type="checkbox"/> 7. Retail <input type="checkbox"/> 8. Other _____</p>
<p>03 Then I Went To: Location: Place, Address, or nearest intersection, City/State/ZIP</p>	<p>OFFICE USE ONLY CENSUS TRACT: _____ ZONE NUMBER: _____</p>	<p>Odometer Reading _____ Arrival Time _____ am _____ pm Departure Time _____ am _____ pm</p>	<p>Number of Passengers _____</p>	<p>Please indicate the purpose of this trip: <input type="checkbox"/> 1. Base Location / Return to Base Location <input type="checkbox"/> 2. Delivery <input type="checkbox"/> 3. Pick-Up <input type="checkbox"/> 4. Vehicle Maintenance (fuel, oil, etc.) <input type="checkbox"/> 5. Driver Needs (lunch, etc.) <input type="checkbox"/> 6. Other _____</p>	<p>Please describe this location: <input type="checkbox"/> 1. Residential <input type="checkbox"/> 2. Educational <input type="checkbox"/> 3. Industrial <input type="checkbox"/> 4. Government <input type="checkbox"/> 5. Medical <input type="checkbox"/> 6. Office <input type="checkbox"/> 7. Retail <input type="checkbox"/> 8. Other _____</p>
<p>04 Then I Went To: Location: Place, Address, or nearest intersection, City/State/ZIP</p>	<p>OFFICE USE ONLY CENSUS TRACT: _____ ZONE NUMBER: _____</p>	<p>Odometer Reading _____ Arrival Time _____ am _____ pm Departure Time _____ am _____ pm</p>	<p>Number of Passengers _____</p>	<p>Please indicate the purpose of this trip: <input type="checkbox"/> 1. Base Location / Return to Base Location <input type="checkbox"/> 2. Delivery <input type="checkbox"/> 3. Pick-Up <input type="checkbox"/> 4. Vehicle Maintenance (fuel, oil, etc.) <input type="checkbox"/> 5. Driver Needs (lunch, etc.) <input type="checkbox"/> 6. Other _____</p>	<p>Please describe this location: <input type="checkbox"/> 1. Residential <input type="checkbox"/> 2. Educational <input type="checkbox"/> 3. Industrial <input type="checkbox"/> 4. Government <input type="checkbox"/> 5. Medical <input type="checkbox"/> 6. Office <input type="checkbox"/> 7. Retail <input type="checkbox"/> 8. Other _____</p>
<p>05 Then I Went To: Location: Place, Address, or nearest intersection, City/State/ZIP</p>	<p>OFFICE USE ONLY CENSUS TRACT: _____ ZONE NUMBER: _____</p>	<p>Odometer Reading _____ Arrival Time _____ am _____ pm Departure Time _____ am _____ pm</p>	<p>Number of Passengers _____</p>	<p>Please indicate the purpose of this trip: <input type="checkbox"/> 1. Base Location / Return to Base Location <input type="checkbox"/> 2. Delivery <input type="checkbox"/> 3. Pick-Up <input type="checkbox"/> 4. Vehicle Maintenance (fuel, oil, etc.) <input type="checkbox"/> 5. Driver Needs (lunch, etc.) <input type="checkbox"/> 6. Other _____</p>	<p>Please describe this location: <input type="checkbox"/> 1. Residential <input type="checkbox"/> 2. Educational <input type="checkbox"/> 3. Industrial <input type="checkbox"/> 4. Government <input type="checkbox"/> 5. Medical <input type="checkbox"/> 6. Office <input type="checkbox"/> 7. Retail <input type="checkbox"/> 8. Other _____</p>

APPENDIX XI
1988 Ontario Commercial Vehicle Survey Form

QUESTIONNAIRE FOR 1993 CVS SURVEY (Continued)

VEHICLE TRIP	
Is this trip: Local: <input type="checkbox"/> Peddle Run: <input type="checkbox"/> Line Haul: <input type="checkbox"/>	
IF TRACTOR/TRAILER:	Where did you pick up this trailer? _____ <input type="checkbox"/> ON City/Town Prov/State
	Where will you drop this trailer? _____ <input type="checkbox"/> ON City/Town Prov/State
— If Empty, go to next section — Is this the truck/trailer the cargo was loaded onto when picked up? <input type="checkbox"/>	
If not, where was the cargo loaded on this truck/trailer? _____ <input type="checkbox"/> ON City/Town Prov/State	
Airport <input type="checkbox"/> Railhead <input type="checkbox"/> Port <input type="checkbox"/> Terminal <input type="checkbox"/> Factory <input type="checkbox"/> Producer <input type="checkbox"/> Warehouse <input type="checkbox"/> Store <input type="checkbox"/> Other <input type="checkbox"/>	
Will this truck/trailer carry the cargo to its final destination? <input type="checkbox"/>	
If not, where will the cargo be unloaded from this truck/trailer? _____ <input type="checkbox"/> ON City/Town Prov/State	
Airport <input type="checkbox"/> Railhead <input type="checkbox"/> Port <input type="checkbox"/> Terminal <input type="checkbox"/> Factory <input type="checkbox"/> Producer <input type="checkbox"/> Warehouse <input type="checkbox"/> Store <input type="checkbox"/> Other <input type="checkbox"/>	
DRIVER TRIP	
Where Did You Start This Trip _____ <input type="checkbox"/> ON City/Town Prov/State	
Where Will You End This Trip? Same Place: <input type="checkbox"/> or _____ <input type="checkbox"/> ON City/Town Prov/State	
Furthest Point Travelled To During Trip: _____ <input type="checkbox"/> ON City/Town Prov/State	
Where did you first turn on to this highway on this trip? _____	
Where will you finally turn off this highway on this trip? _____	
DRIVER PROFILE	
Do you have automatic <input type="checkbox"/> A or manual <input type="checkbox"/> M slack adjusters? Are you allowed to adjust them? <input type="checkbox"/>	
When was the last time you attended a driver safety meeting or training course? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> weeks ago.	
What was the subject discussed? _____	
What are are your instructions in the event of a spill? _____	
Are you a: Company driver? <input type="checkbox"/> Driver service driver: <input type="checkbox"/>	
Owner-Operator: <input type="checkbox"/> If Yes, are you contracted to a carrier? <input type="checkbox"/>	
If No, did you obtain this load through a load broker? <input type="checkbox"/>	
Do you belong to a: Union: <input type="checkbox"/> Driver association: <input type="checkbox"/> Owner-Operator association? <input type="checkbox"/>	
How many years have you been driving trucks? <input type="checkbox"/> What percent of your driving is highway? <input type="checkbox"/> <input type="checkbox"/>	
Are you exempt from keeping a log? <input type="checkbox"/> Are you using a logbook/on-board computer? <input type="checkbox"/>	
How many on duty hours so far this shift? <input type="checkbox"/> <input type="checkbox"/> How many driving hours so far this shift? <input type="checkbox"/> <input type="checkbox"/>	
How many on duty hours in past 7 days? <input type="checkbox"/> <input type="checkbox"/> How many driving hours in past 7 days? <input type="checkbox"/> <input type="checkbox"/>	
Does the truck have seatbelts? <input type="checkbox"/> If so, are you wearing one? <input type="checkbox"/>	
Driver License Number? <input type="checkbox"/> Jurisdiction: <input type="checkbox"/> ON	
THANK YOU FOR YOUR HELP TODAY	
Male <input type="checkbox"/> Female <input type="checkbox"/> Age Range: <input type="checkbox"/> 20's <input type="checkbox"/> 30's <input type="checkbox"/> 40's <input type="checkbox"/> 50's <input type="checkbox"/> 60's	

APPENDIX XII
1986 Caltrans Bay Bridge Truck Travel Survey Questionnaires

SAN FRANCISCO-OAKLAND BAY BRIDGE TRUCK TRAFFIC SURVEY

The California Department of Transportation is conducting a study to evaluate the possibility of improving truck access to the San Francisco-Oakland Bay Bridge. Please answer the questions below. Indicate answers on the detachable card at right. Thank you for your cooperation.

1. Where did your trip start? (last pickup or delivery)
2. What route did you use to reach the San Francisco-Oakland Bay Bridge?
3. Where will this trip end? (next pickup or delivery)
4. Will you use the San Francisco-Oakland Bay Bridge to return?
5. How many axles on truck or truck/trailer combination?
6. How often do you cross the San Francisco-Oakland Bay Bridge?

7. Do you use a credit card for payment of tolls?

8. Truck Body type?

9. Home base:

10. Truck ownership:

11. Any comments?

SAN FRANCISCO-OAKLAND BAY BRIDGE TRUCK TRAFFIC SURVEY

Print answers on this card. Drop card in any U.S. mail box.
(No postage required).

1. Indicate zone on map _____

2. Route 80 (Eastshore Freeway)
 Route 880(17) (Nimitz Freeway)
 Route 580 (MacArthur Freeway)
 Route 24 (Grove-Shafter Freeway)

3. Indicate zone on map _____

4. Yes
 No

5. _____

6. Less than once per month
 1 to 3 times per month
 1 or 2 times per week
 3 or more times per week

7. Yes
 No

8. Ocean container Full Empty
 Container chassis only
 Flatbed
 Tank/Bulk liquid
 Van
 Tractor only
 Other, specify: _____

9. California
 Out of state

10. Operator owned
 Firm owned

11. _____

(Detach and Mail)

**PORT OF SAN FRANCISCO
TRUCK TRAFFIC SURVEY**

1. Where did your trip start? (last pickup or delivery) Zone : _____

2. What route did you use to reach the Port of San Francisco?

- | | |
|--|---|
| <input type="checkbox"/> Route 80 (Bay Bridge) ----->>> | If Bay Bridge, from what route? |
| <input type="checkbox"/> Route 101 (Golden Gate Bridge) | <input type="checkbox"/> Route 80 (Eastshore Freeway) |
| <input type="checkbox"/> Route 101 (Bayshore Freeway) | <input type="checkbox"/> Route 880(17) (Nimitz Freeway) |
| <input type="checkbox"/> Route 280 (Southern/Junipero Serra Freeway) | <input type="checkbox"/> Route 580 (MacArthur Freeway) |
| <input type="checkbox"/> Did not use freeway | <input type="checkbox"/> Route 24 (Grove-Shafter Freeway) |
| | <input type="checkbox"/> West Grand Avenue |

3. How many axles on truck or truck/trailer combination? _____

4. Truck Body type : Ocean container Full Empty
 Container chassis only
 Flatbed
 Van
 Tractor only
 Other, specify : _____

5. Destination after leaving Port? (next pickup or delivery) Zone : _____

6. What route will you use after leaving the Port of San Francisco?

- | | |
|--|---|
| <input type="checkbox"/> Route 80 (Bay Bridge) ----->>> | If Bay Bridge, to what route? |
| <input type="checkbox"/> Route 101 (Golden Gate Bridge) | <input type="checkbox"/> Route 80 (Eastshore Freeway) |
| <input type="checkbox"/> Route 101 (Bayshore Freeway) | <input type="checkbox"/> Route 880(17) (Nimitz Freeway) |
| <input type="checkbox"/> Route 280 (Southern/Junipero Serra Freeway) | <input type="checkbox"/> Route 580 (MacArthur Freeway) |
| <input type="checkbox"/> Will not use freeway | <input type="checkbox"/> Route 24 (Grove-Shafter Freeway) |
| | <input type="checkbox"/> West Grand Avenue |

7. How many axles on truck or truck/trailer combination? _____

8. Truck Body type : Ocean container Full Empty
 Container chassis only
 Flatbed
 Van
 Tractor only
 Other, specify : _____

9. How often do you travel to the Port of San Francisco?

- | | |
|---|---|
| <input type="checkbox"/> less than once per month | <input type="checkbox"/> 1 or 2 times per week |
| <input type="checkbox"/> 1 to 3 times per month | <input type="checkbox"/> 3 or more times per week |

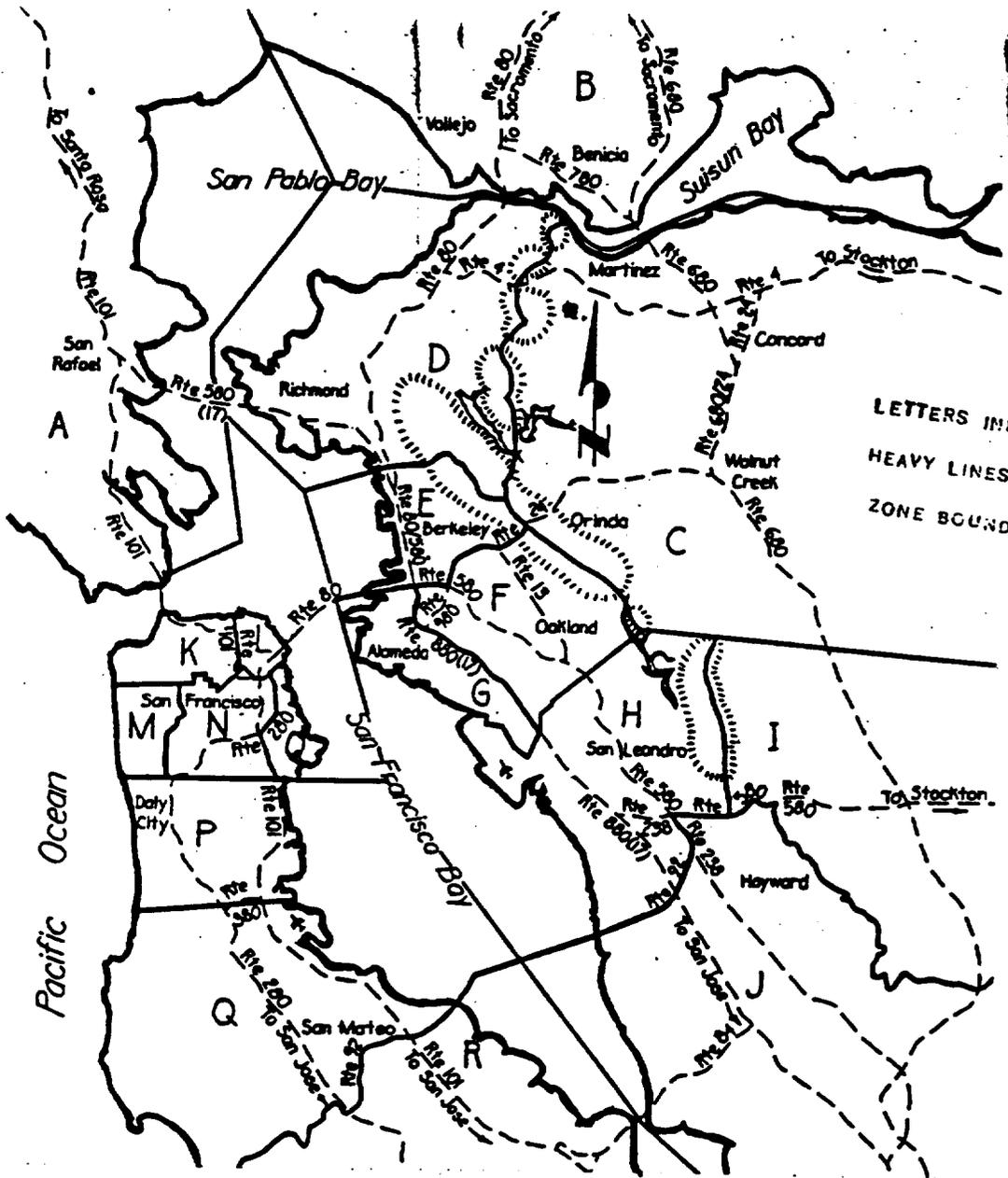
10. Home base : California Out of state

11. Truck ownership : Operator owned Firm owned

Comments : _____

Date : _____
TOD : _____

PORT QUESTIONNAIRE



LETTERS INDICATE ZONES
HEAVY LINES INDICATE
ZONE BOUNDARIES

(Detach and Mail)



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST CLASS • PERMIT NO. 15205 • SAN FRANCISCO, CA

POSTAGE WILL BE PAID BY ADDRESSEE

State of California
DEPARTMENT OF TRANSPORTATION
Highway Operations Branch
District 4
P.O. Box 7310
San Francisco, CA 94120



APPENDIX XIII
1991 Caltrans-Alameda County Truck Intercept Survey and Classification Count
Forms



Truck EMPTY or FULL (check one)	What city are you COMING FROM? (check if this is where the truck is GARAGED, was LAST LOADED or was LAST UNLOADED)	What city are you GOING TO? (check if this is where the truck is GARAGED, will be NEXT LOADED or NEXT UNLOADED)	Where is this truck GARAGED? (check only if previously answered)	What TYPE OF GOODS are you hauling? (include if EMPTY)	Number of AXLES (include answer)
1 1. Empty 2. Full	San Jose City State 1. Garaged 2. Last Loaded 3. Last Unloaded	Sacramento City State 1. Garaged 2. Next Loaded 3. Next Unloaded	San Jose City State	Computer chips (specify) Empty	2 6 3 7 4 8 5 9
2 1. Empty 2. Full	Gilroy City State 1. Garaged 2. Last Loaded 3. Last Unloaded	Livermore City State 1. Garaged 2. Next Loaded 3. Next Unloaded	Gilroy City State	garlic (specify) Empty	2 6 3 7 4 8 5 9
3 1. Empty 2. Full	Milpitas City State 1. Garaged 2. Last Loaded 3. Last Unloaded	Reno City State 1. Garaged 2. Next Loaded 3. Next Unloaded	Milpitas City State	 (specify) Empty	2 6 3 7 4 8 5 9
4 1. Empty 2. Full	Merced City State 1. Garaged 2. Last Loaded 3. Last Unloaded	St. Louis City State 1. Garaged 2. Next Loaded 3. Next Unloaded	Merced City State CA	airplane parts (specify) Empty	2 6 3 7 4 8 5 9

Direction of Traffic NR

Serial Number _____

RC-Markhall

Interviewer: RC-Markhall

Station Location San Jose

Station # 21

Date 3-25-91

Hour 4:20 AM